

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**0 / 594 452**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	2						
4	(1)						
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TOTAL IND.	1		↓		↓		↓
TOTAL DEP.	7	←		←		←	
TOTAL CLAIMS	8	████████	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	
TOTAL CLAIMS		████████	████████	████████	████████	████████	████████